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## APPLICANTS

Barry White, Newburg, NY;

Steve Proner, Woodstock, NY;

\*\* CONTINUING DATA \*\*\*\*\* *One*  
*FR*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *One*  
*FR*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials	

## ADDRESS

26868

HASSE GUTTAG &amp; NESBITT LLC

7550 CENTRAL PARK BLVD.

MASON, OH

45040

## TITLE

Luminaire

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